

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90269 034 ***150.00

DOCUMENT # P03000047168

1. Entity Name

MATRIX SYSTEMS & SOLUTIONS INC.



Principal Place of Business

**10150 BELLE RIVE BL, #403
JACKSONVILLE, FL 32256**

Mailing Address

**10150 BELLE RIVE BL, #403
JACKSONVILLE, FL 32256**

34070407

2. Principal Place of Business

11736 GLACIER BAY DRIVE

3. Mailing Address

11736 GLACIER BAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004

Chg-P

CR2E034 (10/03)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

20-0010492

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOGLEKAR, GIRISH
10150 BELLE RIVE BL, #403
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name

JOGLEKAR, GIRISH

Street Address (P.O. Box Number is Not Acceptable)

11736 GLACIER BAY DRIVE

City

JACKSONVILLE

FL

Zip Code

32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **JOGLEKAR, GIRISH S**
STREET ADDRESS **10150 BELLE RIVE BL, #403**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(GIRISH JOGLEKAR)

4/28/2004 (904)62-9775)

Date

Daytime Phone #